MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4687 STATE FILE NUMBER 63-032433

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED SEP 13 1963

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: K C Mo Kansas City
Length of stay in 1b: 20 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jackson Co. Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Jackson
c. CITY OR TOWN: K C Mo Kansas City
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): R 3 K C 39 Mo
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Clarissa Middle Last Schmidt

4. DATE OF DEATH: Month 8 Day 20 Year 1963

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed X Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
F	W		5-30-189[illegible]	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Nurse	Hospital	Ill.	U S A

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Unknown	Unknown	John F Schmidt (dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Records Jackson Co Hosp. K.C.Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 12 1958 to 8-30-1963 and last saw her/him alive on 8-20-63
Death occurred at 3:250 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Philip Saper (Degree or title) M D
22b. ADDRESS: Lee's Summit Mo
22c. DATE SIGNED: 8/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/23/1963
23c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery
23d. LOCATION (City, town, or county) (State): Independence Mo.

24. FUNERAL DIRECTOR ADDRESS: Langsford Funeral Home Lee's Summit Mo.
25. DATE RECD. BY LOCAL REG.: 8-23-63
26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF: Philip Saper

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
23	28		
3			
4	1		
5	2		
6			
7	1		
8	2		
9	4200		
10			
11			
12	77-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.B. Longford Sr

Licensed Embalmer No. 3833

P. O. Address Lees Summit Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.